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PADEMAR			Application Number	10/084		1 11	
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FORM			First Named Inventor		Lomp et al.		
			Art Unit	2611			
(to be used for all correspondence after initial filing)			Examiner Name		ac V. Ha		
Total Number of Pages in This Submission			Attorney Docket Num	ber I-2-009	I-2-0096.3US		
		ENC	LOSURES (Chec	k all that appi	y)		
✓ Fe	e Transmittal Form		Drawing(s)		After	Allowance Communication t	to TC
	Fee Attached		Licensing-related Papers	5		al Communication to Board peals and Interferences	
✓ Am	nendment/Reply	Petition	Petition		al Communication to TC al Notice, Brief, Reply Brief)	•	
	After Final		Petition to Convert to a Provisional Application		Propr	ietary Information	
			Power of Attorney, Revocation Change of Correspondence Address		Statu	s Letter	
Ex	tension of Time Request	Change of Corresponde Terminal Disclaimer	nce Address	Other	Other Enclosure(s) (please Identify below):		
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	SIGNA	TURE C	F APPLICANT, AT	TORNEY, O	OR AGENT		
Firm Name	Volpe and Koenig, P.C						
Signature	Joseph P. Dush						
Printed nar	me Jeseph P. Gushue						
Date	November 6, 2007			Reg. No.	59,819		
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Typed or p	rinted name Jeseph P. Gus	nue ຸ			Date	November 6, 2007	

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Applicant claims sma	II entity status	s. See 37 CFR 1.27	Art Unit		2611			
TOTAL AMOUNT OF PAY	Attorney Docket N		I-2-0096.3US					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 09-0435 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (Small Entity Sharp Specific S	<u>S</u> Fee (\$)	mall Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150 500	250	200	100			
Design	200	100 100	50	130	65			
Plant	200	100 300	150	160	80			
Reissue	300	150 500	250	600	300			
Provisional	200	100 0	0	0	0			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Multiple Dependent Claims								
HP = highest number of total Indep. Claims 6 - 3	1000 e Paid (\$) 630	Paid (\$)		Fee Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =								
TO THE TEE(S)		1000				Fees Paid (\$)		

SUBMITTED BY		
Signature Cased P. Austre	Registration No. (Attorney/Agent) 59,819	Telephone 215-568-6400
Name (Print/Type) seph P. Gushue		Date November 6, 2007

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